ARIZONA STATE BOARD OF HEALTH State File No ... BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County Maricapa or Village. District or Township..... (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. me levitt 6. Legitimate? 3. Sex of Child | To be answered ONLY 4. Twin, triplet or other..... 7. Date in event of plural of birth 5. No., in order of birth... births. 14. MOTHER PATHER Full maiden name oseph McVewitt (Usual place of abode) 1445 E. Filmore 1445 E. Jelmore 9. Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. O. 16. Color or race 10. Color or race 17. Age at last birthday 20 (Years) 11. Age at last birthday 28 (Years) white 18. Birthplace (city or state) MCE. 12. Birthplace (city or place).... (State or country) (State or country) 19. Occupation Law studen 13. Occupation Nature of industry Hause wife (a) Born alive and now living.... 21. Were precautions taken against oph-20. Number of children of this mother..... thalmin neonatorum? (b) Born alive but now dead ... (Taken as of time of birth of child herein (c) Stillborn ... certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . aline at 6/05 P.m. on the date above stated I hereby certify that I attended the birth of this child, who was trained *When there was no attending physician or midwife, then the father, householder, Signature.... etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife.) Given name added from a supplemental report ... Month, day, year Registrar.